

Optimizing Post Theater Adjustment of the Healthcare Warrior

A therapeutic group case study

Dedication

This presentation is dedicated to the soldiers of the post theater Healthcare Providers group, each of whom put being a soldier and healthcare worker first.

It was their wish that this presentation be made here today.

Overview

- Back-story
- Planning
 - Need, theoretical rationale and frame
 - Purpose, structure and formation of the group
- Group Process
 - Beginning, Middle and End
- Evaluation
 - Findings
 - Implications
- Questions

Back-story

A Soldier steps forward

Planning

Need:

Healthcare providers share unique down-range experiences and post deployment re-adjustment challenges

- Clinical lens is compromised when treating their fellow soldiers
- Inherent contradiction of saving lives on the field of battle
- PROFIS status often requires post deployment posting separated from deployment unit

Evidence of these combined factors contributed to poor post theater adjustment for healthcare providers

Planning, cont.

Purpose and Goal:

To provide a community for sharing deployment and post-deployment experiences with the ultimate goal of providing mutual support for optimal post deployment adjustment in professional, interpersonal, and social realms.

Planning, cont.

Content:

Therapeutic process using shared experience and mutual support to achieve purpose and goal.

Structure:

- Open group; up to 10 individuals with priority given OEF and OIF.
- Weekly meetings @ 90 minutes over the lunch hour
- Single moderator

Recruitment:

- Combination of clinical referrals and word of mouth

Theoretical Frame

Yalom sites 11 interdependent factors underpinning successful group process:

1. Instillation of hope
2. Universality
3. Imparting information
4. Altruism
5. The corrective recapitulation of the primary family group
6. Development of socializing techniques
7. Imitative behavior
8. Interpersonal learning
9. Group cohesiveness
10. Catharsis
11. Existential factors

Theory and Practice of Group Psychotherapy, 5th ed, 2007

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Theoretical Rationale and Frame

Department of Veterans Affairs, Iraq War
Clinician Guide.

At the end of the day, the most important initial needs of returning veterans are to be heard, understood, validated, and comforted in a way that matches their personal style. Every war is unique in ways that cannot be anticipated. There is much to be learned by listening carefully and intently.

Group Composition

6 participants

- 2 women, 4 men
- 2 officers, 2 NCOs, 2 Specialists
- 1 Physician, 1 RN, 1 LPN, 2 Medics, 1 Pharm. Tech
- 4 identified as Caucasian, 2 identified as African American
- Age range: early 40s to early 20s
- All but one had 12 months of OIF service

Group Composition

- Post deployment stats
 - 2 divorced/separated
 - 2 soldiers relapsed
 - 2 formally reprimanded by chain of command
 - 1 suffered a traumatic injury stateside
 - DSM IV Diagnoses:
 - Anxiety with Mixed Mood (1)
 - Anxiety (2)
 - Chronic PTSD (2)
 - PTSD and Anxiety (1)

Group Composition

Six dedicated Soldiers in pain

Beginnings: Shared Experience

- Re-entry challenges
 - Culture shock
 - Isolation
 - Family
 - Colleagues
 - The “right arm” insignia effect
- “I am not alone”
 - Formation of camaraderie
 - Recruitment and support

Middle: Complexities and Contradictions

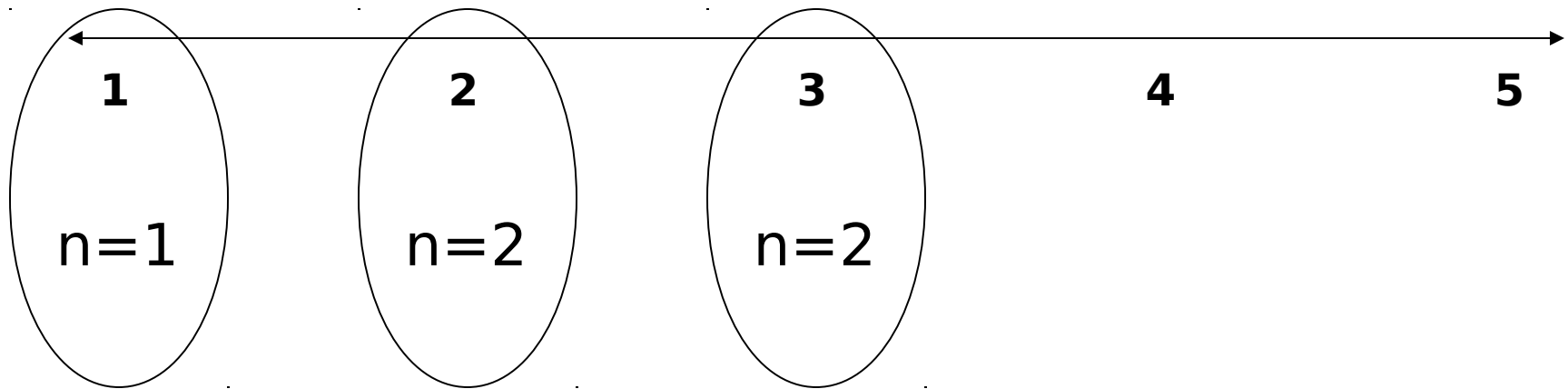
- Coming to terms with experiences in theater
 - Positive *and* negative
- Coming to terms with experiences at home
 - Re-attunement within close relationships and with what was once familiar
 - Lack of shared experience and perspective among family, friends, and colleagues
 - The contrast from the intensity of the combat experience
 - New perspectives on American prosperity
 - Safety became a concept not a fact
- Context of the political environment
- The inevitability of redeployment

Ending: Pain and Strength

- Acknowledgement
 - Loss, pain, anger, and strength
- Living in the moment
- Reconnection
 - Duty and colleagues
 - Family and friends
- Looking forward
 - Career as soldier
 - Redeployment

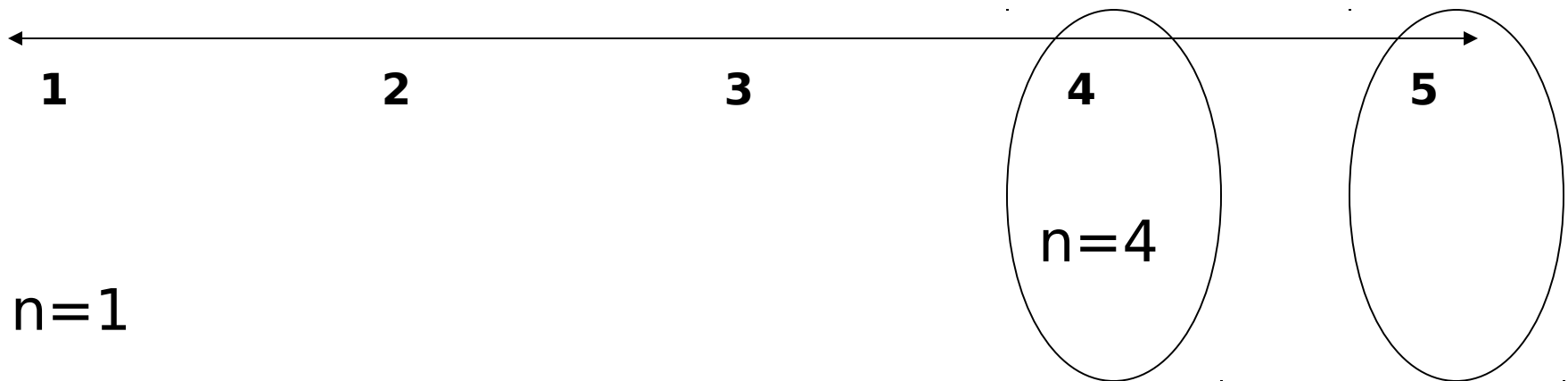
Evaluation: Perceived Pre-Group Adjustment

On a Scale of 1 to 5, where one means “poor” and five means “excellent” how would you rate your post deployment adjustment prior to joining the group?



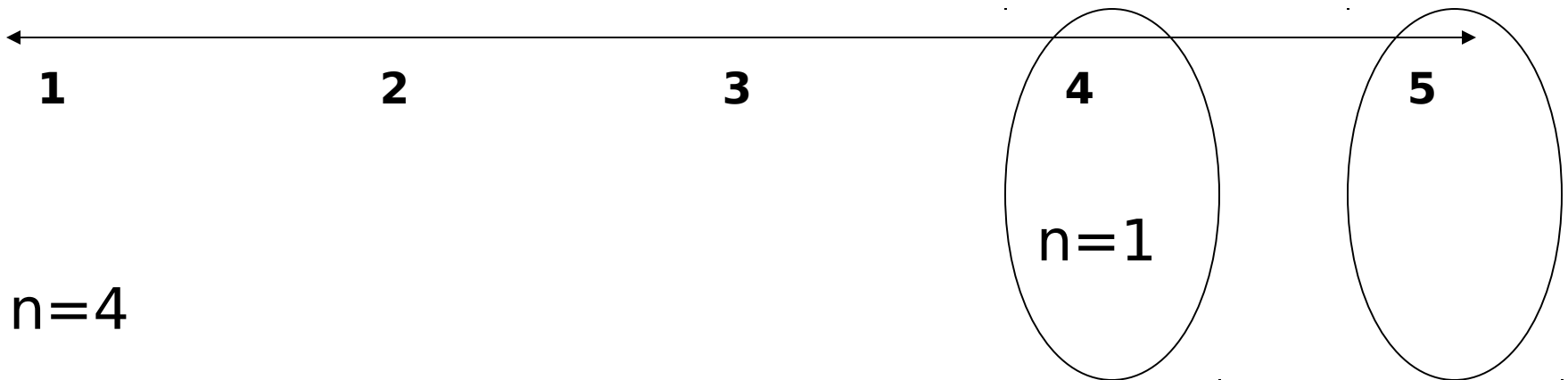
Evaluation: Perceived Post Group Adjustment

On a Scale of 1 to 5, where one means “poor” and five means “excellent” how would you rate your post deployment adjustment today?



Evaluation: Perceived Usefulness of Group

On a Scale of 1 to 5, where one means “poor” and five means “excellent” how would you rate your post deployment adjustment prior to joining the group?



Evaluation: A Soldier's View

The group was useful to me in terms of connecting with others in the same situation. I was able to talk with soldiers of all ranks and at various redeployment stages; soldiers freely offered their opinions, experiences, advice and guidance. It was discovered many of us were experiencing the same issues with different manifestations.

Evaluation: Clinician

- Improved self regulation
- Improve capacity to seek out relatedness (reduction in isolation)
 - Professional
 - Family and friends
- Optimized Soldier readiness

Evaluation: Process

- Factors contributing to success
 - Dynamic process attuned to soldiers
 - Fulfilled core Army values-- important to the soldiers
 - Constructive processing of “shared” traumatic environment and experiences
 - The quality of each soldier’s empathic stance across rank, role, gender, and race

Evaluation: A Soldier's View

I would recommend this type of group be available to all soldiers upon redeployment. If it were made mandatory some soldiers might not benefit I feel healthcare providers benefit from this type of forum because as PROFIS personnel we do not share the same camaraderie of the traditional unit. . . . That is a huge disadvantage and can contribute to feelings of isolation and frustration.

Evaluation

Strength

- Efficient, high impact intervention with positive outcome

Weakness

- Poor recruitment infrastructure undermines sustainability

Challenge

- Healthcare providers are reluctant seekers of care

Implications

- Benefit to be had attuning to soldier needs via an efficient intervention
- Leverage strength of soldiers helping soldiers
- Availability of options vs. mandates
- Prevention/early intervention
 - Reduce risk of post theater disorganization which threatens soldiers overall ability to fulfill duties
 - Restore sense of perceived strengths for likely redeployment
- Importance of healthy healthcare providers: front line of care at home and in theater

Questions

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